

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Padilla

Alex

1. Office, Agency, or Court

Agency Name

California State Senate

Division, Board, Department, District, if applicable

District 20

Your Position

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California th

Date Signed

3/1/12

(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Alex Padilla

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

4041 Oakcrest Cr. #306

CITY

San Diego, CA 92105

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 11 03 / 15 / 11
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Alex Padilla

▶ NAME OF SOURCE See attached. ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$		▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
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Comments: _____

**Schedule D
Income - Gifts**

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

700

Name

Alex Padilla

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY IF ANY OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
California Democratic Party	1401 21st St., Ste. 200 Sacramento, CA	95811	N/A	1/18/2011	\$195.32	Food and Beverages
Sacramento Farm Bureau Foundation for Agricultural Education	8970 Elk Grove Blvd. Elk Grove, CA	95624	N/A	1/24/2011	\$61.00	Food and Beverages
LA Area Chamber of Commerce	350 S. Bixel St. Los Angeles, CA	90017	N/A	2/10/2011	\$140.58	Event Ticket (Annual Inaugural Dinner)
CTIA-The Wireless Assoc.	1400 16th St. NW, Ste. 600, Washington, D.C.	90036	N/A	2/23/2011	\$96.92	Beverages
California Poultry Federation	4640 Spyres Wy., Ste. 4 Modesto, CA	95356	N/A	3/8/2011	\$225.06	Food and Beverages
Personal Insurance Federation of California	1201 K St., Ste. 1220 Sacramento, CA	95814	N/A	3/14/2011	\$10.00	Food and Beverages
EdVoice	1108 9th St., Ste. 680 Sacramento, CA	95814	N/A	3/16/2011	\$61.16	Food and Beverages
California Medical Association	1201 J St., Ste. 200 Sacramento, CA	95814	N/A	3/30/2011	\$70.21	Food and Beverages
Southern California Edison	2244 Walnut Grove Ave. Rosemead, CA	91770	Energy	4/6/2011	\$84.15	Food and Beverages
Southern California Edison	2244 Walnut Grove Ave. Rosemead, CA	91770	Energy	4/28/2011	\$125.00	Food and Beverages
Consumer Attorneys of California	770 L St., Ste. 1200 Sacramento, CA	95814	N/A	5/2/2011	\$150.00	Food and Beverages
Verizon	1201 K St., Ste. 960 Sacramento, CA	95814	Telecommunications	5/10/2011	\$52.22	Food and Beverages
American Airlines	222 N. Sepulveda Blvd., Ste. 2100 El Segundo, CA	90245	Air Transportation	5/17/2011	\$115.00	Food and Beverages
California Dental Association	1201 K St., 14th Fl. Sacramento, CA	95814	N/A	6/29/2011	\$50.55	Food and Beverages
Minorities in Law Enforcement	925 L St., Ste. 850 Sacramento, CA	95814	N/A	7/22/2011	\$266.00	Golf, Golf Balls
Crime Victims United	1415 L Street, Suite 410, Sacramento, CA	95814	N/A	7/22/2011	\$266.00	Golf, Golf Balls
Coalition for a Safer California	1020 12th St., Ste. 408 Sacramento, CA	95814	N/A	7/23/2011	\$399.00	Taylor Made Driver

**Schedule D
Income - Gifts**

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Alex Padilla	

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS/ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Personal Insurance Federation of California	1201 K St., Ste. 1220 Sacramento, CA	95814	N/A	7/23/2011	\$36.00	Spa Bag
Personal Insurance Federation of California	1201 K St., Ste. 1220 Sacramento, CA	95814	N/A	7/23/2011	\$60.00	Wine
Personal Insurance Federation of California	1201 K St., Ste. 1220 Sacramento, CA	95814	N/A	7/23/2011	\$75.00	Blanket
Personal Insurance Federation of California	1201 K St., Ste. 1220 Sacramento, CA	95814	N/A	7/23/2011	\$115.00	Jacket
Personal Insurance Federation of California	1201 K St., Ste. 1220 Sacramento, CA	95814	N/A	7/23/2011	\$125.00	Shirt
PhRMA	1215 K St., Ste. 970 Sacramento, CA	95814	N/A	7/23/2011	\$365.00	Rangefinder
PhRMA	1215 K St., Ste. 970 Sacramento, CA	95814	N/A	7/23/2011	\$34.00	Hat
PhRMA	1215 K St., Ste. 970 Sacramento, CA	95814	N/A	7/23/2011	\$10.00	Divot Tool
Union Bank	400 Oceangate Los Angeles, CA	90071	Banking	8/19/2011	\$200.00	Event Tickets
OPI	13034 Saticoy St. North Hollywood, CA	91605	Nail Polish Manufacturer	12/14/2011	\$216.00	Nail Polish (Distributed to Staff)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Alex Padilla

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

See attached.

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION	700
Name Alex Padilla	

- You must mark either the gift or income box.
- You are not required to report income from government agencies.

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE(S) (mm/dd/yy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	DESCRIPTION
California Healthcare Institute 1215 K St., Ste. 940 Sacramento, CA 95814	N/A	2/1/2011	\$118.11	Gift	Made a Speech/Participated in a panel
California Foundation on the Environment and the Economy Pier 35, Ste. 202 San Francisco, CA 94133	N/A, 501(c)(3)	3/17/2011- 3/18/2011	\$86.42	Gift	Made a Speech/Participated in a panel
California Council for Environmental and Economic Balance 100 Spear St., Ste. 804 San Francisco, CA 94105	N/A	7/12/2011- 7/13/2011	\$330.56	Gift	Made a Speech/Participated in a panel
Minorities in Law Enforcement 925 L St., Ste. 850 Sacramento, CA 95814	N/A	7/21/2011	\$60.00	Gift	Made a Speech/Participated in a panel
California Correctional Peace Officers Association 755 Riverpoint Dr. West Sacramento, CA 95605	N/A	7/22/2011- 7/23/2011	\$1,848.00	Gift	Made a Speech/Participated in a panel
Applied Materials 3050 Bowers Ave. Santa Clara, CA 95051	Manufacturing	7/25/2011- 7/26/2011	\$983.00	Gift	Made a Speech/Participated in a panel